

PATENT
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yoichiro Sako et al.
Serial No. : 09/406,486
For : INFORMATION DISTRIBUTING METHOD AND SYSTEM
Filed : September 27, 1999
Examiner : Backer, Firmin
Art Unit : 3621

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non Fee Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 27, 2003.

Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

Gordon Kessler
Signature
May 27, 2003
Date of Signature

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GROUP 3600

AMENDMENT

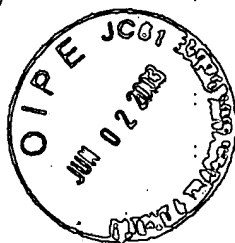
Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Office Action dated February 24, 2003, please amend this application as follows.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir: Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	22	Minus	= 22	0 ×	\$18(9)	= \$00.00
Independent claims	7	Minus	= 7	0 ×	\$84(42)	= \$ 0.00
				Total additional fee for this amendment		\$ 0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid __, or is paid herewith __.
☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a __ month extension of time. A check covering the cost of the petition is enclosed.
☐ A check in the amount of \$ ____ is attached, which covers the cost of ☐ additional claims ____ petition for extension of time.
☐ Charge \$__ to Deposit Account No. 50-0320.
☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Gordon Kessler, Reg. No. 38,511
Name of Applicant, Assignee or Registered Representative
Gordon Kessler
Signature
May 27, 2003
Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

Gordon Kessler
By: Gordon Kessler
Reg. No. 38,511
Tel. (212) 588-0800